


| <b>METHOD OF PAYMENT</b>  |   |                |                 | <b>FEE CALCULATION (continued)</b>   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
|---|---|----------------|-----------------|--|---|----------------|-----------------|-----------------|-----------------|----------------|-----------------|--------------------|--|------------------------|-----|-----|-----|-------------------------------------|-----|-----------------------------------|----|-----|-----|---|-----|---------------------------------------|-----|-----|-----|---------------------------|-----|--|-------|-----|-------|--|----|--|------|-----|------|--|--|-----|--------|-----|--------|---|--|-----|-----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|-----|-----|-------|-----|-----|---|--|-----|-------|-----|-----|--|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|--------------------------|--|-----|-------|-----|-------|---|--|-----|-----|-----|----|----------------------------------|--|-----|-------|-----|-----|------------------------------------|--|-----|-------|-----|-----|--------------------------------|--|-----|-----|-----|-----|------------------|--|-----|-----|-----|-----|-----------------|--|-----|-----|-----|-----|-------------------------------|--|-----|----|-----|----|---|--|-----|-----|-----|-----|---|--|-----|----|-----|----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|--|--|-----|-----|-----|-----|---|--|-----|-----|-----|-----|---|--|
| <b>1.</b> <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:<br><br><div style="float: left; width: 30%;">Deposit Account Number</div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 10px; text-align: center; font-size: 1.2em;">20-1430</div><br><br><div style="float: left; width: 30%;">Deposit Account Name</div> <div style="border: 1px solid black; width: 100px; height: 30px; margin-left: 10px; text-align: center;">Townsend and Townsend and Crew LLP</div><br><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17<br><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27   |   |                |                 | <b>3. ADDITIONAL FEES</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Large Fee Code</th> <th style="width: 10%;">Entity Fee (\$)</th> <th style="width: 10%;">Small Fee Code</th> <th style="width: 10%;">Entity Fee (\$)</th> <th style="width: 40%;">Fee Description</th> <th style="width: 10%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet.</td><td></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for reexamination</td><td></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner action</td><td></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner action</td><td></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within first month</td><td></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within second month</td><td></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within third month</td><td>890</td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within fourth month</td><td></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within fifth month</td><td></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive – unavoidable</td><td></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive – unintentional</td><td></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td></td></tr> <tr><td>126</td><td>180</td><td>126</td><td>180</td><td>Submission of Information Disclosure Stmt</td><td></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td></td></tr> <tr><td>169</td><td>900</td><td>169</td><td>900</td><td>Request for expedited examination of a design application</td><td></td></tr> </tbody> </table> |   |                |                 | Large Fee Code  | Entity Fee (\$) | Small Fee Code | Entity Fee (\$) | Fee Description    | Fee Paid   | 105                    | 130 | 205 | 65  | Surcharge - late filing fee or oath |     | 127                               | 50 | 227 | 25  | Surcharge - late provisional filing fee or cover sheet. |     | 139                                   | 130 | 139 | 130 | Non-English specification |     | 147  | 2,520 | 147 | 2,520 | For filing a request for reexamination |    | 112  | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner action |  | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner action |  | 115 | 110 | 215 | 55 | Extension for reply within first month |  | 116 | 390 | 216 | 195 | Extension for reply within second month |  | 117 | 890 | 217 | 445 | Extension for reply within third month | 890 | 118 | 1,390 | 218 | 695 | Extension for reply within fourth month |  | 128 | 1,890 | 228 | 945 | Extension for reply within fifth month |  | 119 | 310 | 219 | 155 | Notice of Appeal |  | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal |  | 121 | 270 | 221 | 135 | Request for oral hearing |  | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding |  | 140 | 110 | 240 | 55 | Petition to revive – unavoidable |  | 141 | 1,240 | 241 | 620 | Petition to revive – unintentional |  | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) |  | 143 | 440 | 243 | 220 | Design issue fee |  | 144 | 600 | 244 | 300 | Plant issue fee |  | 122 | 130 | 122 | 130 | Petitions to the Commissioner |  | 123 | 50 | 123 | 50 | Petitions related to provisional applications |  | 126 | 180 | 126 | 180 | Submission of Information Disclosure Stmt |  | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) |  | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) |  | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) |  | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) |  | 169 | 900 | 169 | 900 | Request for expedited examination of a design application |  |
| Large Fee Code  | Entity Fee (\$)   | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid  |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 105   | 130   | 205            | 65              | Surcharge - late filing fee or oath  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 127   | 50  | 227            | 25              | Surcharge - late provisional filing fee or cover sheet.  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 139   | 130   | 139            | 130             | Non-English specification  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 147   | 2,520   | 147            | 2,520           | For filing a request for reexamination   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 112   | 920*  | 112            | 920*            | Requesting publication of SIR prior to Examiner action   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 113   | 1,840*  | 113            | 1,840*          | Requesting publication of SIR after Examiner action  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 115   | 110   | 215            | 55              | Extension for reply within first month   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 116   | 390   | 216            | 195             | Extension for reply within second month  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 117   | 890   | 217            | 445             | Extension for reply within third month   | 890   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 118   | 1,390   | 218            | 695             | Extension for reply within fourth month  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 128   | 1,890   | 228            | 945             | Extension for reply within fifth month   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 119   | 310   | 219            | 155             | Notice of Appeal   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 120   | 310   | 220            | 155             | Filing a brief in support of an appeal   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 121   | 270   | 221            | 135             | Request for oral hearing   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 138   | 1,510   | 138            | 1,510           | Petition to institute a public use proceeding  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 140   | 110   | 240            | 55              | Petition to revive – unavoidable   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 141   | 1,240   | 241            | 620             | Petition to revive – unintentional   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 142   | 1,240   | 242            | 620             | Utility issue fee (or reissue)   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 143   | 440   | 243            | 220             | Design issue fee   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 144   | 600   | 244            | 300             | Plant issue fee  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 122   | 130   | 122            | 130             | Petitions to the Commissioner  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 123   | 50  | 123            | 50              | Petitions related to provisional applications  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 126   | 180   | 126            | 180             | Submission of Information Disclosure Stmt  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 581   | 40  | 581            | 40              | Recording each patent assignment per property (times number of properties)   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 146   | 710   | 246            | 355             | Filing a submission after final rejection (37 CFR § 1.129(a))  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 149   | 710   | 249            | 355             | For each additional invention to be examined (37 CFR § 1.129(b))   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 179   | 710   | 279            | 355             | Request for Continued Examination (RCE)  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 169   | 900   | 169            | 900             | Request for expedited examination of a design application  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>2.</b> <input type="checkbox"/> Payment Enclosed:<br><br><input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money Order <input type="checkbox"/> Other   |   |                |                 | Other fee (specify) _____<br><br>The Commissioner is authorized to charge any additional fees to the above noted Deposit Account.  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>FEE CALCULATION</b>  |   |                |                 |  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>1. BASIC FILING FEE</b><br><br><table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Large Fee Code</th> <th style="width: 10%;">Entity Fee (\$)</th> <th style="width: 10%;">Small Fee Code</th> <th style="width: 10%;">Entity Fee (\$)</th> <th style="width: 40%;">Fee Description</th> <th style="width: 10%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee</td><td></td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td><td></td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td><td></td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td><td></td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td><td></td></tr> </tbody> </table>   |   |                |                 | Large Fee Code   | Entity Fee (\$)   | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid        | 101            | 710             | 201                | 355  | Utility filing fee     |     | 106 | 320 | 206                                 | 160 | Design filing fee                 |    | 107 | 490 | 207   | 245 | Plant filing fee                      |     | 108 | 710 | 208                       | 355 | Reissue filing fee                                 |       | 114 | 150   | 214                                    | 75 | Provisional filing fee                                     |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Fee Code  | Entity Fee (\$)   | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid  |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 101   | 710   | 201            | 355             | Utility filing fee   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 106   | 320   | 206            | 160             | Design filing fee  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 107   | 490   | 207            | 245             | Plant filing fee   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 108   | 710   | 208            | 355             | Reissue filing fee   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 114   | 150   | 214            | 75              | Provisional filing fee   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>SUBTOTAL (1)</b>   |   |                |                 | (\$ )  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>2. EXTRA CLAIM FEES</b><br><br><table style="width: 100%;"> <tr> <td>Total Claims</td> <td><div style="border: 1px solid black; width: 40px; height: 20px;"></div> -20**</td> <td>=</td> <td>Extra Claims</td> <td>X</td> <td>Fee from below</td> <td>=</td> <td>Fee Paid</td> </tr> <tr> <td>Independent Claims</td> <td><div style="border: 1px solid black; width: 40px; height: 20px;"></div> -3**</td> <td>=</td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> <tr> <td>Multiple Dependent</td> <td></td> <td></td> <td></td> <td>X</td> <td></td> <td>=</td> <td></td> </tr> </table>   |   |                |                 | Total Claims   | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> -20** | =              | Extra Claims    | X               | Fee from below  | =              | Fee Paid        | Independent Claims | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> -3** | =                      |     | X   |     | =                                   |     | Multiple Dependent                |    |     |     | X   |     | =                                     |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Total Claims  | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> -20** | =              | Extra Claims    | X  | Fee from below  | =              | Fee Paid        |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Independent Claims  | <div style="border: 1px solid black; width: 40px; height: 20px;"></div> -3**  | =              |                 | X  |   | =              |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Multiple Dependent  |   |                |                 | X  |   | =              |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 10%;">Large Fee Code</th> <th style="width: 10%;">Entity Fee (\$)</th> <th style="width: 10%;">Small Fee Code</th> <th style="width: 10%;">Entity Fee (\$)</th> <th style="width: 40%;">Fee Description</th> <th style="width: 10%;">Fee Paid</th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td><td>Claims in excess of 20</td><td></td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td><td>Independent claims in excess of 3</td><td></td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td><td>Multiple dependent claim, if not paid</td><td></td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td><td>** Reissue independent claims over original patent</td><td></td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td><td>** Reissue claims in excess of 20 and over original patent</td><td></td></tr> </tbody> </table> |   |                |                 | Large Fee Code   | Entity Fee (\$)   | Small Fee Code | Entity Fee (\$) | Fee Description | Fee Paid        | 103            | 18              | 203                | 9  | Claims in excess of 20 |     | 102 | 80  | 202                                 | 40  | Independent claims in excess of 3 |    | 104 | 270 | 204   | 135 | Multiple dependent claim, if not paid |     | 109 | 80  | 209                       | 40  | ** Reissue independent claims over original patent |       | 110 | 18    | 210                                    | 9  | ** Reissue claims in excess of 20 and over original patent |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| Large Fee Code  | Entity Fee (\$)   | Small Fee Code | Entity Fee (\$) | Fee Description  | Fee Paid  |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 103   | 18  | 203            | 9               | Claims in excess of 20   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 102   | 80  | 202            | 40              | Independent claims in excess of 3  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 104   | 270   | 204            | 135             | Multiple dependent claim, if not paid  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 109   | 80  | 209            | 40              | ** Reissue independent claims over original patent   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| 110   | 18  | 210            | 9               | ** Reissue claims in excess of 20 and over original patent   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
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| **or number previously paid, if greater; For Reissues, see above  |   |                |                 |  |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |
| <b>SUBTOTAL (3)</b>   |   |                |                 | (\$ )890   |   |                |                 |                 |                 |                |                 |                    |  |                        |     |     |     |                                     |     |                                   |    |     |     |   |     |                                       |     |     |     |                           |     |  |       |     |       |  |    |  |      |     |      |  |  |     |        |     |        |   |  |     |     |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |     |     |       |     |     |   |  |     |       |     |     |  |  |     |     |     |     |                  |  |     |     |     |     |  |  |     |     |     |     |                          |  |     |       |     |       |   |  |     |     |     |    |                                  |  |     |       |     |     |                                    |  |     |       |     |     |                                |  |     |     |     |     |                  |  |     |     |     |     |                 |  |     |     |     |     |                               |  |     |    |     |    |   |  |     |     |     |     |   |  |     |    |     |    |  |  |     |     |     |     |   |  |     |     |     |     |  |  |     |     |     |     |   |  |     |     |     |     |   |  |

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|-------------------|---|-----------------------------------|--------|--------------------------|--------------------|
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First Named Inventor Halfant, Matthew D.

Group Art Unit 2176

Examiner Name Huynh, C.

Attorney Docket Number 019223000200

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